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|   |                      |                        |             |
|---|----------------------|------------------------|-------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/058,708             |             |
|   | Filing Date          | 01/28/2002             |             |
|   | First Named Inventor | Helig, et al.          |             |
|   | Art Unit             | 2812                   |             |
|   | Examiner Name        |                        |             |
| Total Number of Pages in This Submission  | 12                   | Attorney Docket Number | 1458-TT4978 |

| ENCLOSURES (Check all that apply)  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Return Receipt Post Card |
| Remarks  |  |   |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT   |  |   |
| Firm or Individual name  | J. Gustav Larson, Reg. No. 39,263  |   |
| Signature  |  |   |
| Date   |  |   |

| CERTIFICATE OF TRANSMISSION/MAILING   |                  |              |
|---|------------------|--------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                  |              |
| Typed or printed name   | J. Gustav Larson |              |
| Signature   |                  | Date 7-23-04 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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08/09/2004 PYARBORD 00000002 010365 10058708

01 FC:1201 86.00 DA  
02 FC:1202 18.00 DA

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

*10058208*

**CLAIMS AS FILED - PART I**

*Amend 7-29-04*

|   | (Column 1)                           | (Column 2)   |
|---|--------------------------------------|--------------|
| TOTAL CLAIMS  |                                      |              |
| FOR   | NUMBER FILED                         | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | <i>29</i> minus <i>20</i> = <i>9</i> | <i>11</i>    |
| INDEPENDENT CLAIMS  | <i>5</i> minus <i>4</i> = <i>1</i>   | <i>1</i>     |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                                      |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|             | (Column 1)  | (Column 2)                         | (Column 3)    |
|-------------|---|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total *   | Minus **                           | =             |
|             | Independent *   | Minus ***                          | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |

|             | (Column 1)  | (Column 2)                         | (Column 3)    |
|-------------|---|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total *   | Minus **                           | =             |
|             | Independent *   | Minus ***                          | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |

|             | (Column 1)  | (Column 2)                         | (Column 3)    |
|-------------|---|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total *   | Minus **                           | =             |
|             | Independent *   | Minus ***                          | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 370.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

| RATE      | FEE        |
|-----------|------------|
| BASIC FEE | 740.00     |
| X\$18=    | <i>181</i> |
| X84=      | <i>86</i>  |
| +280=     | <i>1</i>   |
| TOTAL     | <i>104</i> |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |